

Each applicant must be 18 years of age or older to obtain a Credit Card.

Please print clearly

I am requesting a: Visa® Platinum Card Credit Limit of BBD _____

Minimum annual individual income of BBD\$ 200,000 required (other qualifications apply).

Personal Details

Main Cardholder

Mr. Mrs. Miss Ms.

First Name _____ Middle Initial _____ Last Name _____

Date of Birth (DD/MM/YY) _____ Mother's Maiden Name (for security use) _____

Mailing Address _____

Home Address _____ Years There _____

Home Telephone _____ Cell _____ Personal E-mail _____

Citizenship _____ Work Permit Holder Yes No If Yes, Number of Years Resident _____

Marital Status: Single Married Divorced Widow(er) Number of Dependents _____

Spouse's Name _____ Spouse's Employer _____ Occupation _____

Name & Address of Nearest Relative Not Living With You _____

Relationship _____ E-mail _____ Home Telephone _____

Employment Information

Employer's Name/Source of Income _____ Position Held _____

Employer's Address _____

Years There _____ Work Telephone _____

Previous Employer's Name & Address _____ Years There _____

Financial Information (amount in BBD)

Monthly Income	Assets (state market value)
Basic Salary _____	Cash _____
Other Income _____	Investments (stocks and bonds) _____
Source of Other Income _____	Property (primary residence) _____
Total Monthly Income _____	Investment Property _____
	Automobile (year and make) _____
	Other Assets _____
	Total Assets _____

List all Bank, Finance Company, Department Store and Credit Card Loans and Revolving Credit Accounts. Also list any regular monthly obligations, such as child support, alimony or separate maintenance, as well as any court order payments resulting from liens, judgements, bankruptcy, etc. Use additional sheet of paper if necessary.

Monthly Obligations	Name of Creditors/Bank	A/C #	Outstanding Balance	Monthly Payments
Loans				
Hire Purchase				
Insurance (Life and General)				
Mortgage Company or Landlord				
Existing Credit Cards			Credit Limit	

	Bank Name & Address	Saving A/C	Chequing A/C	Balance
Applicant				
Co-applicant				

Additional Cardholder

Additional Cardholder's Details

Mr. Mrs. Miss Ms.

First Name	Middle Initial	Last Name
Date of Birth (DD/MM/YY)	Home Telephone	Cell
Mother's Maiden Name (for security use)		
Identification Number (Passport, National Identification Card, Driver's License)		
Mailing Address	Personal E-mail	
Home Address	Time at Residence	
Relationship to Main Cardholder	Work Telephone	
Name & Address of Employer	Time with Employer	
Position Held	Monthly Income	

Name to appear on Card(s) (Print first and last name)

Main Cardholder
Additional Cardholder

I/We and any user of the Account, agree to the Terms and Conditions of FIRST CITIZENS BANK (BARBADOS) LIMITED Cardholder's Agreement and promise to repay all credit extended to me/us pursuant to this application in accordance therewith. I/we consent to your exchanging with other parties information concerning my/our credit history, income and/or employment. Further I/we consent to your exchanging with other agents, including your other associates, overseas contractors, Card issuers and Card processors, information concerning my/our credit history, income and/or employment. I/we certify under penalties of perjury that the above information is correct. I/we assume full responsibility for all transactions on the Account. I/we acknowledge receipt of a copy of Agreement attached.

Main Cardholder's Signature	Date
Additional Cardholder's Signature	Date

FOR BANK USE ONLY

Main Cardholder	
<input type="checkbox"/> Visa® Platinum Approved BBD	_____
<input type="checkbox"/> Visa® Platinum Not Approved	
Total Debt Service Ratio (TDSR) %	

Branch Manager	Date
_____	_____